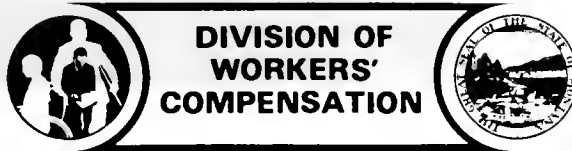


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1987 Control Section
Basic loss
C-1 control manual for
Montana employers



BASIC LOSS CONTROL MANUAL FOR MONTANA EMPLOYERS

Developed by: Division of Workers' Compensation
Safety Bureau
Loss Control Section
Helena, Montana

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INTRODUCTION

Purpose: This manual is designed to provide a basic blueprint of a sound loss control program for Montana employers. The primary goal of such a program is to reduce occupational injuries and illnesses and their associated costs. The policies, procedures and activities described herein will allow you to reduce losses if practiced consistently in your daily operations. The manual is essentially generic in nature so that it can be utilized by employers in a wide variety of industries. Each individual firm must tailor the program to their particular type of operation.

Organization: The manual is divided into 10 chapters. The chapter titles and page numbers are shown in the Table of Contents. Each chapter begins with a rationale section explaining the reasons for the particular policies, procedures or activities in that chapter. Next, are the Core Requirements. These are the items which are essential to a good program and if you are participating in the Safety Discount Program, must be implemented for certification. Following the Core Requirements section is an Optional Considerations section. These are additional elements which will further enhance a loss control program as the program becomes more sophisticated. Finally, in many of the chapters, instructional materials and examples of forms or documents have been included to help you implement the core requirements in that chapter. In attempting to keep the manual from being overly lengthy, instructions and example forms or documents were not included for every core requirement.

Should you desire additional information on a core requirement or an optional item, please feel free to request it from your Loss Control Consultant or the Safety Bureau Office directly. Also, any portion of the manual may be reproduced for use in your operation.

Summary: Research has shown that a business has a greatly improved chance of being successful if a business plan is developed and followed. A loss control program is nothing more than a part of management's overall plan of doing business in terms of containing costs and maximizing resources. But for a plan to work, it must be implemented and followed. This takes perserverance, determination and a considerable amount of time. The benefits are real and we hope this manual will assist you in attaining them.



LOSS CONTROL PROGRAM OUTLINE

I. Top Management Commitment to Safety

Core Requirements:

1. Develop or adopt a written loss control plan.
2. Include a written policy statement from management.
3. Implement the plan and insure adherence to it.
 - a. Allocate adequate resources.
 - b. Assign proper authority, responsibility and accountability.
 - c. Set a good example by participating in safety efforts.
 - d. Insure compliance with applicable safety and health regulations.

II. Hiring Practices

Core Requirements:

1. Use written application form.
2. Consult with previous employers.

Optional Considerations:

1. Have applicant take a preemployment physical examination.
2. Incorporate probationary period of employment for new hires.
3. Conduct personal interviews with all applicants prior to hiring.
4. Utilize your local Job Service for applicant referrals.

III. Establish Safe Operating Procedures

Core Requirements:

1. Perform job analysis to develop safe operating procedures.
2. Review procedures periodically.
3. Outline general safety rules and regulations.

IV. Provide Training

Core Requirements:

1. Management training on plan implementation.
2. Newly hired or transferred employee training.
 - a. Orientation on safety plan contents and safe operating procedures.
 - b. Employee acknowledgement form.
 - c. On-the-job training.
3. Ongoing employee training.
 - a. Safety meetings held regularly.
 - b. First aid, CPR trained personnel.
 - c. Other mandated training.

Optional Considerations:

1. Provide formal classroom or seminar training sessions.

V. Equipment Provision and Maintenance

Core Requirements:

1. Provide necessary and adequate production and protective equipment.

2. Maintain equipment to manufacturers specifications and applicable regulations.
3. Keep maintenance and inspection logs when required by regulations.

Optional Considerations:

1. Develop a scheduled preventive maintenance program.
2. Keep maintenance records even when not required by regulations.

VI. Hazard Identification and Elimination

Core Requirements:

1. Routine daily hazard identification and elimination.
2. Documented periodic self-inspections of the workplace.
3. Documented periodic job safety observations.
4. Noise and air contaminant monitoring.
5. Chemical hazard identification and labeling.
6. Disciplinary policy for rule enforcement.

Optional Considerations:

1. Documented daily hazard reports.
2. Inspections by outside entities.

VII. Accident Reporting and Investigation

Core Requirements:

1. Insure prompt accident reporting to management.
2. Prompt written accident investigation by supervision.
3. Insure the prompt submission of claim forms to the Division of Workers' Compensation when applicable.
4. Review and communicate investigation results to prevent future accidents.

Optional Considerations:

1. Investigate non-injury accidents.

VIII. Emergency Preparedness

Core Requirements:

1. Establish emergency procedures.
2. Provide necessary first aid equipment.

Optional Considerations:

1. Notify emergency medical service of remote job site locations.

IX. Recordkeeping

Core Requirements:

1. Establish a loss control filing system.
 - a. Written company loss control plan.
 - b. Accident records.
 - i. Accident investigation reports.
 - ii. Workers' compensation claim forms.
 - iii. Accident summary log.
 - iv. Man hour totals or number of employees.

- c. Hazard Identification and Elimination Records
 - i. Formal self inspection reports.
 - ii. Job safety observation reports.
 - d. Training records
 - i. Safety meeting documentation.
2. Establish personnel files.
- a. Employment applications and previous employer check forms.
 - b. Employee acknowledgement forms.

Optional Considerations:

- 1. Maintain non-core requirement records.

X. Other Loss Control Activities

Core Requirements:

- 1. Periodic contact with injured workers who are off work.
- 2. Periodic review of the loss control program to insure continued effectiveness.

Optional Considerations:

- 1. Monetary or other rewards for attaining and maintaining safety performance goals.
- 2. Initiate a "back to work" policy.
- 3. Promote Off-Job Safety.



SECTION I

MANAGEMENT COMMITMENT

Rationale: The commitment of top management to an effective loss control plan has to be the first step in implementing such a plan. Also, it is the most important element of the plan as the remaining elements will not be implemented and maintained unless management is strongly committed to do so.

The commitment must be properly communicated to employees and management must be involved in safety and health activities to demonstrate their concern.

Core Requirements:

1. Management must adopt or develop a written loss control plan which contains all of the core requirements as outlined in the remainder of this packet. Employee participation is encouraged.
2. The plan must contain a written policy statement expressing management's commitment and goals. The example on page I-3 can be adopted or develop your own.
 - a. The policy statement must be signed by the chief executive officer.

3. Management must implement the plan and insure that it is followed.
 - a. Allocate adequate resources to allow the plan to be implemented and maintained.
 - b. Assign proper authority, responsibility and accountability for safety and health.
 - c. Set an example of safety by adhering to the rules and participating in safety activities.
 - d. Insure compliance with applicable safety and health regulations.

LOSS CONTROL PROGRAM STATEMENT OF POLICY

In recognition of the responsibility of the management of
(Company Name) _____ to establish procedures
for the prevention of employee accidents, this Loss Control
Program has been developed.

Our objectives are to provide to the best of our ability:

1. An accident and injury free work environment.
2. Protection of the general public.
3. Reduction of costs associated with accidental losses.

The achievement of these objectives is based upon good planning
and making sure safety is an integral part of day to day
operations and work procedures. This can only be accomplished
if all personnel take an active interest and participate in the
Loss Control Program and abide by the applicable Federal, State,
Local and Company rules and regulations.

The success of our program can be measured directly by its
ability to control unnecessary loss. An accident resulting in
personal injury, property damage or equipment loss represents
needless waste. It is imperative that all employees recognize
their responsibility to control these losses and that they take
all necessary actions to do so. Their performance in this regard
will be measured along with their overall performance.

It is my earnest request that all employees of (Company Name) _____
devote their serious attention toward making this program an
integral part of day to day business operations.

PRESIDENT/OWNER

DATE

GENERAL MANAGER

DATE



SECTION II

HIRING PRACTICES

Rationale: Good hiring practices are the employers' only means for being selective in obtaining a new employee. Through a formal screening process, you are making your best attempt at hiring an employee who will work safely and productively in your business.

Core Requirements:

1. The employer must utilize a written job application form for all job applicants. An example of such a form is shown on the next page. This form has been reviewed and deemed not to contain any unlawful questions.
2. The employer must do an employment history check with at least two (2) of the applicants' previous employers listed on the job application. A brief outline on conducting reference checks and an example of a reference check form are included. When reference checks cannot be made, it should be so noted in the personnel file.

Optional Considerations:

1. For physically demanding jobs, the applicant should take a preemployment physical examination. Provide the examining physician with a job description and have the exam results reported directly to you.
2. Incorporate a probationary period for newly hired employees.

3. Conduct a personal interview with prospective employees to gain further knowledge about their background, experience, etc. Be sure to keep all questions job related.
4. Utilize your local Job Service Office for applicant referrals.

1-3. Name - First, Middle, Last	8. Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+ Yr. Grad. _____	9. Highest Degree ____ None ____ HS or GED ____ Associate ____ Bachelor ____ Master ____ Ph. D.	10. Driver's License ____ Operator's ____ Chauffeur's	11. Vocational, trade or technical school attended Months of training completed _____ Date Completed _____ Courses Taken _____
4. Address				
5. City, State, Zip Code				
6. Phone	7. Msg. Phone			

I M P O R T A N T C I V I L I A N A N D M I L I T A R Y E X P E R I E N C E

Describe your longest and most important jobs - Begin with your most recent job

12. Name of Firm or Branch of Service	16. Name job and describe exactly what you did and how you did it.
13. Address	
14. Employer's Type of Business	
15. Length of Job Date Ended Pay	Reason for Leaving
17. Name of Firm or Branch of Service	21. Name job and describe exactly what you did and how you did it.
18. Address	
19. Employer's Type of Business	
20. Length of Job Date Ended Pay	Reason for Leaving
22. Name of Firm or Branch of Service	26. Name job and describe exactly what you did and how you did it.
23. Address	
24. Employer's Type of Business	
25. Length of Job Date Ended Pay	Reason for Leaving
27. Name of Firm or Branch of Service	31. Name job and describe exactly what you did and how you did it.
28. Address	
29. Employer's Type of Business	
30. Length of Job Date Ended Pay	Reason for Leaving
32. <u>Summary of Other Work Experience:</u>	

33. Volunteer Work:

Do you have any physical or mental handicap which will limit your ability to perform the job for which you are applying?

Yes _____ No _____ If Yes, explain:

Reference Checking

Many of the problems of subjectivity which affect the interview are present in reference checking as well. Similarly, by using a systematic procedure, reference checking can be improved.

The same guidelines for interview questions apply to questions asked of references.

- Ask only for job-related information (based on job analysis) or for verification of information provided by the applicant.
- Write down in advance the questions or areas which will be explored.
- Cover the same areas for each applicant.
- Develop criteria against which to judge the reference giver's response. (what sort of responses would be qualifying? What kinds of responses would disqualify an applicant?)
- Contact only former supervisors or persons who have direct knowledge of the applicant's qualifications to perform the job.
- Ask for factual information which can be documented. Stay away from subjective impressions of character, personality, etc.
- Don't ask the popular rehire question. Since nearly everyone answers "yes" the question is meaningless.

Applicants can request that they be notified before their current employer is contacted. Determine if that is their desire before such a contact is made.

The EEOC offers two broad guidelines which are useful reference checks.

1. Will the answers to the question, if used in making a selection decision, have a disparate effect in screening out minorities and/or members of one sex, i.e., disqualifying a significantly larger percentage of members of a particular group than others?
2. Is this information really needed to judge an applicant's competence or qualification for the job in question?

Research seems to indicate that the reference check has more use as a verification of information provided by the applicant rather than as a predictor of job success. Until additional methods for checking references are developed, other applications are not generally recommended.

Name of Applicant _____

REFERENCE CHECK
FORM

Name _____ Title _____

Agency/Business _____ Telephone _____

Questions:

1. Verify employment?
2. Verify duties?
3. Supervisory relationship to applicant?
4. Meets timeframes/deadlines/objectives?
5. Works as member of team; gets along with other workers; can gain cooperation?
6. Accuracy of work; number of errors; need for review?
7. Represents organization; professional demeanor; verbal skills?
8. Rule compliance; does applicant comply with organizational rules; attendance, leave, punctuality.

Signature (person checking reference)

Date



SECTION III

SAFE OPERATING PROCEDURES

Rationale: Development of written job-specific safe operating procedures and their subsequent use in training employees has been proven to shorten the length of time required to bring a newly hired or transferred employee up to full production potential. In addition, it is done safely. These procedures are also used to perform job safety observations on regular employees as discussed in Section VI.

General rules are also necessary to cover company wide policies on accident reporting, absenteeism, and topics of a broad nature.

Core Requirements:

1. Perform a written job safety analysis (JSA) for those positions deemed hazardous using the instructions and forms on the following pages or an equivalent.
2. Review the written safe operating procedures from the job analysis periodically to insure completeness.
3. Develop a set of written rules covering general topics. (Note: Sections VI, VII, and VIII require written policies and procedures regarding hazard reporting, accident reporting and emergency procedures. These can be incorporated into the general rules or addressed separately).

JOB SAFETY ANALYSIS (JSA)

Job Safety Analysis (JSA) is a procedure that identifies the hazards in each step of a job and involves the development of safe job procedures to control or eliminate each hazard. The basic steps in making a JSA are:

- Break the job down into successive steps.
- Identify hazards in each step.
- Eliminate or guard against potential hazards.
- Develop safe job procedures for each job step.

A job safety analysis worksheet is on the following page. In the left column, the basic steps of the job should be listed in the order in which they are performed. The middle column should describe how to perform each successive job step. The right column should indicate the safe job procedures that should be followed to eliminate or guard against potential hazards.

Priority of Jobs to be Analyzed

The priority of jobs to be analyzed should be determined by the following factors:

- Frequency of accidents.
- Severity of accidents or injuries.
- A high severity potential.
- Repetition of the job.
- New jobs or changed job procedures.

A job that has a history of many accidents should be analyzed immediately. Any job that has produced disabling injuries or has the potential for a serious accident or injury should have a JSA developed. Persons working on repetitive jobs have a high rate of exposure to hazards. If new jobs are created by changes in equipment or operating procedures, it is important that a JSA be developed for the jobs immediately because the safe operating procedures are not always clear.

Those are the five factors that should be used for determining the priority of jobs to be analyzed. After job priorities have been established they should be listed on a form similar to the one on Page III-7 and scheduled for analysis.

Job Safety Analysis Worksheet

Title of Job Operation Tire Repairman Date 9-21-86 No. 101m

Position Title of Person Who Does Job Tire Serviceman Employee Observed John Jones

Building 4 Analysis Made By Dave Smith, Supervisor

Department Maintenance

Section Vehicle Repair Analysis Approved By Sterns

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedure
Inspect wheels	Wheel/rim parts separation	Remain outside wheel trajectory
Raise vehicle	Vehicle move or fall or jack slip	Inspect jack, place on hard flat surface, block wheels on ground crib/block vehicle.
Remove wheel	Rim parts separate, tire explode, strain back/muscles.	Inspect wheel and tire, deflate tire, use safe lifting techniques.
Disassemble wheel	Rim parts separation.	Check manufacture guide, check valve for total deflation.
Inspect/clean parts	Metal particles in eyes	Use proper tool (not steel), wear eye protection.
Reassemble wheel	Dirt in eyes, cut fingers.	Wear eye protection, inspect as you clean.
Reinflate wheel	Metal particles in eyes	Wear eye protection, use proper tools (not steel).
Reinstall wheel	Rim parts separation	Check manufacture guide for tire/wheel size, use safety cage and clip on air chuck.
Remove crib/block	Back/muscle strain	Use proper lifting techniques.
Lower vehicle	Vehicle falling	Check position of jacks
	Vehicle falling	Inspect jacks, check for vehicle lean

1. Struck By (SB)
2. Struck Against (SA)
3. Contact By (CB)
4. Contact With (CW)
5. Caught On (CO)
6. Caught In (CI)
7. Caught Between (CBT)
8. Foot Level Fall (FLF)
9. Fell To Below (FB)
10. Over Exertion (OE)
11. Exhaustion (F)

Breaking the Job Down Into Steps

The steps in a job should describe exactly what is done in the order each step is performed. The following is an example of this procedure:

Job: Pre-start of a Front-End-Loader

1. Check for the presence of safety shields.
2. Check for loose parts.
3. Check for small cracks on safety equipment.
4. Check tires for proper air pressure.
5. Check crank case oil level.
6. Check coolant level.
7. Check air cleaner condition.
8. Test control levers for free movement.
9. Check yourself for personal safety equipment and unsafe clothing.
10. Place transmission lever in neutral.
11. Install safety belt.

Additional factors that should be considered when performing a JSA are:

- Select the right person to observe.
- Brief the person on the purpose of the JSA.
- Personally observe the job being performed.
- Record each step on the worksheet.
- Check the job steps with the persons when the JSA is done to get their input.

Identify Hazards

After the steps in the job are listed on the worksheet, each step should be analyzed to identify hazards or potential accident causes. Each should be recorded on the worksheet in the center column. Keep the hazards in line with the steps recorded.

Developing Solutions and Safe Operating Procedures

When the hazards and potential accident causes have been identified, the next step is to develop solutions and procedures to eliminate or guard against the problems you have identified. Solutions and procedures may include some or all of the following:

- A different method of performing the job.
- A change in physical conditions or environment.
- A changed job procedure.
- A change in the frequency of how often the job is performed.

For each hazard or potential accident cause listed on the worksheet, ask "what can be done differently and how should it be done?" Answers and solutions must be very specific to be of value. Solutions which state "Be more aware" or "Be careful" are of no value in determining safe operating procedures. The solutions should state exactly what must be done to perform the job safely.

Benefits of JSA

For the supervisor, the JSA will enable him/her to clearly understand the safe way of performing all jobs in their area of responsibility. In addition to providing the supervisor with a basic training guide, the JSA will provide a tool for:

- Making safety contacts with all employees.
- Determining whether safe work procedures are taught in training and followed on the job.
- Issuing uniform safety instructions.
- Analyzing jobs for possible methods of improved operating procedures.
- Assisting training personnel in updating safe operating procedures relative to program content.
- Reviewing job procedures after accidents occur.

The JSA allows the supervisors and employees to work together in developing effective safe operating procedures which can be used as OJT training guides. The JSA is an excellent tool for eliminating non-applicable content in job skills training. If the JSA's are not used as training guides, a lot of time and effort will have been wasted presenting ineffective training.

HIGH RISK JOB LIST WORKSHEET

Department	Department Supervisor	
Occupations and Jobs	Priority	Remarks (notes)
Occupation:		
Jobs: 1.		
2.		
3.		
4.		
5.		
6.		
7.		
Occupation:		
Jobs: 1.		
2.		
3.		
4.		
5.		
6.		
7.		
Occupation:		
Jobs: 1.		
2.		
3.		
4.		
5.		
6.		
7.		

Job Safety Analysis Worksheet

Title of Job Operation _____
Date _____ No. _____

Position Title of Person Who Does Job _____
Employee Observed _____

Building _____
Analysis Made By _____

Department _____

Section _____

Analysis Approved By _____

[illegible]

1 Struck By (SB)
2 Struck Against (SA)
3 Contact-By (CB)
4 Contact-With (CW)

5 Caught On (CO)
6 Caught In (CI)
7 Caught-Between (CBT)
8 Foot Level Fall (FLF)

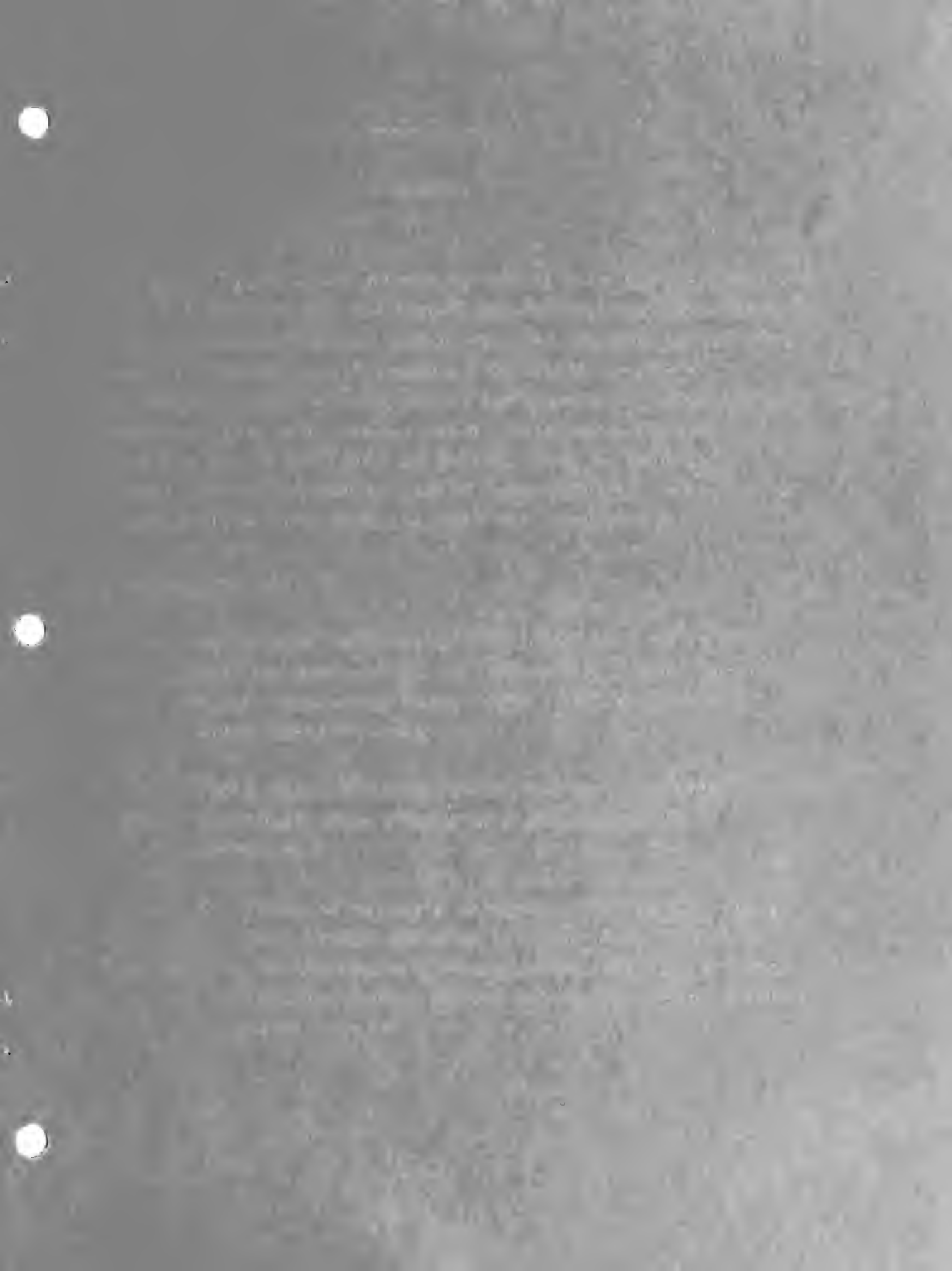
9 Fall-To Below (FB)
10 Over Exertion (OE)
11 Exposure (E)

[illegible]

- 1 Struck By (SB)
- 2 Struck Against (SA)
- 3 Contact By (CB)
- 4 Contact-With (CW)

5. Caught-On (CO)
6. Caught-In (CI)
7. Caught-Between (CBT)
8. Foot-Level Fall (FLF)

9. Fall-To-Below (FB)
10. Over-Exertion (OE)
11. Exposure(E)



SECTION IV

TRAINING

Rationale: There are a number of benefits to be derived from relevant training. In the implementation of new procedures, new processes and for new employees, you are asking personnel to make a transition and learn a particular new role. Providing training will help gain acceptance and make the transition safer and faster. Also, existing safe work procedures and operational procedures must be regularly reviewed and reinforced to prevent complacency. This can be accomplished through periodic refresher training.

Core Requirements:

1. Management must receive training on how the plan will be implemented and operated. Topics include forms to be completed, areas of responsibility, accountability, etc.
2. Newly hired or transferred employee training procedures must comply with the following criteria:
 - a. Prior to actually starting work, the employee must become familiar with the safe operating procedures (SOP's) applicable to that position and the general safety rules as developed under Section III.

- b. The employee must sign an acknowledgement form such as the one shown on page IV-4 or an equivalent indicating that this has been performed.
 - c. Once the employee begins work, an on-the-job training period must be provided where job procedures are demonstrated by a trained person and then the new employee is observed to insure proper work practices are being followed.
3. Ongoing training must be provided for all employees meeting the following requirements:
- a. A minimum of one (1) safety meeting every two (2) weeks where job hazards, accident investigations, current safety goals or records and other pertinent information are discussed. These meetings must be documented using the form shown on page IV-5 or an equivalent. For mobile worksites such as construction, a safety meeting must be held prior to the start-up of each project and at least bi-weekly thereafter.
 - b. There must be an adequate number of first aid/CPR trained persons so that at least one (1) such person is available on each shift or job site. Documentation of such training must be maintained.

Note: Periodic job safety observations and retraining are outlined in Section VI, Hazard Identification and Elimination.

- c. Training required by Federal or State regulations, such as annual hearing conservation training, must be provided and documented. This may be accomplished through the required Safety Meetings if appropriate.

Optional Considerations:

- 1. Allow management and employees to attend formal safety and health seminars, classes, etc. if feasible.

Note: Training assistance can be provided by your Loss Control Consultant and/or the Safety Bureau, however, this will be on a limited basis.

NEW EMPLOYEE CHECK LIST

Company Name: _____ Date: _____
Employee Name: _____ Started Date
Employee Position: _____ of Training: _____
Completed Date
of Training: _____

Date of Completion

1. Provide employee with a copy of the Loss Control Plan to read. _____
2. Review general Company regulations. _____
3. Review emergency medical plan and procedures. _____
4. Your immediate supervisor is _____.
He reports to _____.
5. Explain fire fighting equipment procedures and evacuation plan. _____
6. Review job safety analysis. _____
7. Review personal protective equipment required. _____
8. Review Company disciplinary procedures. _____

I do hereby acknowledge that the above items were discussed on

(Date)

Employee Signature _____ Date _____

Supervisor's Signature _____

(Continual observations should be performed so to insure employee competency.)
To be filled in by the Supervisor or person responsible for training.
(See Job Training Section.)

First Observation _____ (Date/Comments)

Needs Training _____

Observation _____

Completed Training _____

Keep as a permanent personnel record.

SAFETY MEETINGS

Date: _____

Company
Name: _____

Conducted
By: _____

Items Discussed: _____

Follow-up Need: _____

Signature of Employees:



SECTION V

EQUIPMENT PROVISION AND MAINTENANCE

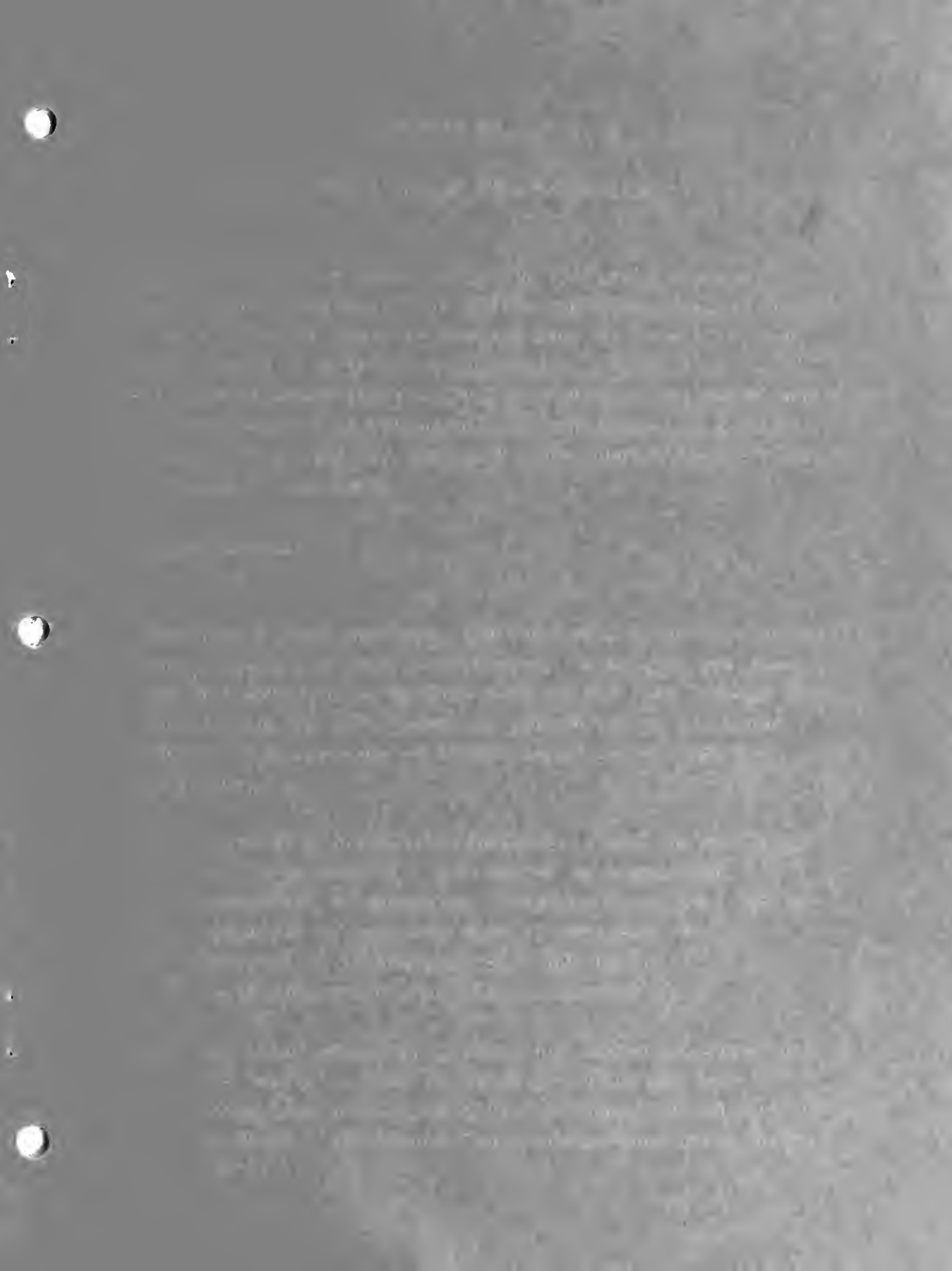
Rationale: The right tools for the right job is a basic safety and production rule. The right tools include both production and protection equipment. For these tools to be used properly, they must be maintained.

Core Requirements:

1. The employer must insure that adequate production and personal protective equipment is available so that tasks can be performed safely.
2. All equipment must be maintained in accordance with manufacturers specifications and applicable regulations.
3. Where required by specific regulations, equipment maintenance and inspection logs must be kept.

Optional Considerations:

1. Develop a scheduled preventive maintenance program for equipment.
2. Document maintenance activities in areas even when not required by regulations.



SECTION VI

HAZARD IDENTIFICATION AND ELIMINATION

Rationale: There are essentially two (2) major types of hazards in the workplace. The unsafe condition and the unsafe act. Both of these types of hazards must be identified and corrected for a program to be successful. This is accomplished through daily routine observation and scheduled formal observations by management and employees. A policy must also be available to deal with continuous disregard for safety rules by personnel.

Core Requirements:

1. Management must encourage the reporting of hazards on a daily basis and insure correction. A written statement of this policy must be contained in the loss control plan such as in the safe operating procedures or the general rules. Instructions on hazard reporting systems are available.
2. Formal, planned self-inspections must be performed at least monthly. The use of an inspection checklist is suggested. Example checklists can be provided by the Loss Control Section. The correction of hazards noted during the self-inspection must also be documented.
3. At least annually, planned job safety observations of employees must be performed using the safe operating procedures developed under Section III as a guide. Job observation instructions begin on page VI-3.

4. A policy for rule enforcement must be established. The policy should be applied fairly and consistently to all employees including management. Additional informational material on disciplinary procedures is available.

Optional Considerations:

1. Develop a hazard report form for use in daily observations to further insure correction of reported hazards. Use of small pocket cards or slips is an effective way to allow daily hazard reporting.
2. Periodically request inspections or program audits by outside organizations.

JOB SAFETY OBSERVATION (JSO)

Detecting unsafe practices promptly is one of the best ways to prevent accidents. Why do employees do what they do? Generally because they have been taught to do it and because they receive satisfaction from doing it. Employees do things that are foolish, dangerous, or illegal for the same reasons that they do smart, safe, and legal things...because their actions are reinforced by someone or something. For example, an employee does silly things because other employees laugh.

Often, we feel there is no need to reinforce safe performance. An employee "ought" to want to work safely or wear eye protection for his or her own good. "You oughta wanna do it for your own good" is not a potent motivator; it is one of the weakest techniques known for influencing anyone to do something. What reinforces safe performance depends on the individual to some degree, but there are some generally applicable reinforcers. Two of the most potent reinforcers known are praise and recognition. They are universally available to the supervisor. By timely use of praise and recognition, the supervisor can provide effective feedback and incentive for employees to perform safely. Such a positive performance feedback and evaluation system may be accomplished through a program of job safety observation (JSO). The basic idea of job safety observation is simple. It is essentially nothing more than observing employees doing their jobs to find out if they are working safely.

There are three types of job safety observations. They are listed below along with a brief narrative pertinent to each.

1. Incidental Safety Observation

Part of a supervisor's job is keeping his/her eyes and ears open for unsafe actions and conditions. You probably do it every day whether you realize it or not. The key to effective incidental safety observations is to look around with safety on your mind. If you don't do this already, remind yourself to look for unsafe practices while conducting daily work place inspections.

2. Deliberate Safety Observation

This is one step beyond the incidental observation. The supervisor pauses in what he/she is doing and deliberately watches how an employee handles some part of the job. He/she observes from a safety standpoint...Is the employee doing the job safely? Why a deliberate safety observation? The employee may be new, or performing a particularly hazardous job. The employee may also have a reputation for being unsafe. Whatever the reason, the supervisor stops and observes the employee deliberately. This observation should be more than a casual glance in his/her direction, although it might start out that way.

3. Planned Safety Observation

In this instance, the safety observation is planned in advance and, if possible, in conjunction with an established JSA of a particular job. It is best to plan safety observations for all employees under your supervision. Singling out individuals leads to a "picking on me" response by some. But definitely some employees need more frequent safety observation than others.

If results of a safety observation show that employees are not working safely, the following may be some of the reasons for the unsafe behavior.

- a. They do not know how to work safely: If the problem is a lack of skill, you train. It is a major responsibility of every supervisor and instructor to see that employees are trained to do their work safely and efficiently. The level of skill necessary to accomplish a work task can be assessed to some degree by question and discussion, but the final check is to watch the employee do the job. If necessary, re-instruct, arrange practice, or assign him to a more skilled employee for further on-the-job training.
- b. They are prevented from working safely: Sometimes employees would do their jobs safely, but they are prevented by someone or something in the work environment. Inspection of the work place will pick up such hazards as poorly maintained work equipment, but a well documented safety observation is necessary to isolate such equally hazardous conditions as insufficient time, poor work flow, no clear-cut chain of command, and inadequate supervision.
- c. They do not want to work safely: Some supervisors categorize all performance problems under the motivational incentive label - "They could do it if they wanted to." Although lack of incentive is often closely associated with the work environment, solutions to these problems differ from the solutions to environmental problems. In looking at motivational incentive problems, we need to define why employees perform the way they do. In order to accomplish this goal, the personal safety observation should be integrated with a system of performance analysis and evaluation.

A Job Safety Observation (JSO) provides supervisors and trainers with a procedure to determine if employees are following safe work procedures on the job after training. Following the procedures outlined below, supervisors and trainers are provided with an opportunity to check on the results of past training; revising content for future training; make immediate, on-the-spot corrections and improvements in work practices; and compliment and reinforce safe performance.

Follow these steps when implementing a JSO Program:

Worker Selection

All employees should be observed performing the job. The following factors should determine which employees to observe first:

- A new employee on the job.
- Employee recently trained for a new job.
- Below-average performers.
- Employees consistently involved in accidents.
- Risk takers.
- Employees with special problems.

Making the JSO

With few exceptions, tell employees what will be taking place prior to the personal observation. Then simply observe the employee performing in his normal operation. Make any notes on the worksheet provided on the following page about work practices and procedures observed. Be sure not to interfere with the employee performing the job or distract him, in any way.

Recording the Information

Fill out the Job Safety Observation Worksheet describing any unsafe procedures or work practices observed. Examples of some basic types of unsafe work procedures and practices which will probably be observed are:

- Failure to secure equipment or materials against unexpected movement.
- Operating or working at an unsafe speed.
- Using unsafe tools and equipment.
- Using tools and equipment unsafely.
- Failure to warn or signal as required.
- Assuming an unsafe position.
- Removing or making safety devices inoperable.
- Repairing, servicing, or riding hazardous equipment.

PLANNED SAFETY OBSERVATION RECORD

Department		Employee			Position
Job	Date	Supv.	S	R	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

S = Satisfactory Performance

R = Reobserve

- Failure to wear required personal protective equipment.
- Wearing unsafe personal clothing.
- Violation of known safety rules and safe job procedures.
- Engaging in other unsafe practices (not violations).
- Indulging in horseplay, practical jokes, fighting, sleeping, creating distraction, and so on.

Discussing the JSO with Employee

After completing the JSO, review the results with the employee. Your feelings about the work habits and practices observed should be discussed informally and in a friendly manner. Do not let the discussion be one-way communication. Encourage the employee to talk and give his/her views about any problems or barriers they see in following the current operating procedures.

The Follow-up

Follow-up the JSO as needed. In some instances, the follow-up will be often. How often follow-up is needed depends on the employee, the results of the initial observation, and the job.

Benefits of the Job Safety Observation

The JSO is a feedback device. It provides excellent information of the effectiveness of training and on the adequacy of established safe job procedures. Through the JSO, unsafe practices can be identified and corrected before an accident happens. Additionally, any weaknesses taught in training relative to safe operating procedures can be revised and included in the OJT content.

Since the firstline supervisors are responsible for making sure that safe operating procedures are followed on the job, they should be allowed to provide feedback to training personnel on how well training prepared employees to perform their assigned jobs.

Job safety observation provides an effective way of determining the accuracy of the job safety analysis. In addition, implementation of a Job Safety Observation program is an excellent method of assuring supervisory involvement in all training efforts.

SECTION VII

ACCIDENT REPORTING AND INVESTIGATION

Rationale: The primary purpose of accident investigation is to determine how a reoccurrence can be prevented and thus improve the safety of your operation. Obviously, an accident must be reported before the investigation can be performed. Accident investigations must be done in a thorough and objective manner based on the facts and must not attempt to place blame on the individuals involved. In regard to the validity of a reported accident, a good accident investigation report can be a very important source of information in subsequent investigations or proceedings.

Core Requirements:

1. A written policy stating that accidents must be reported to management within a specified time period must be included in the written plan.
2. All injury or illness incidents must be investigated as soon as possible after they are reported by management. Investigation findings must be documented. Procedures for conducting a proper accident investigation and example forms begin on the following page VII-3.

3. Insure that the appropriate workers' compensation claim forms are completed and sent to the State Compensation Insurance Fund (located within the Division of Workers' Compensation) as soon as possible after an accident or illness is reported involving medical treatment or lost time.
4. Corrective actions taken as a result of accident investigations must be documented.

Optional Considerations:

1. Investigate non-injury accidents to determine causes and preventative measures.

ACCIDENT INVESTIGATION

INTERVIEW TECHNIQUE AND SKILLS

1. Keep the purpose of the investigation in mind.
 - a. To determine WHO was injured? WHEN, WHERE, and HOW did it happen? WHAT materials or equipment were involved? WHY did it happen?
 - b. To reveal causes so reoccurrence can be prevented.
2. Approach the investigation with an open mind (it will be obvious if you have preconceptions about the individuals or the facts).
 - a. Do not attempt to place blame;
 - b. Stay away from conjecture.
3. Promptness will reduce the possibility of:
 - a. Destruction of physical evidence (changed work site);
 - b. Forgetfulness of witnesses or victim;
 - c. Interjection of opinion or conjecture by witnesses or victim after they evaluate the accident from their perspective;
 - d. Witnesses and victim talking together and getting confused about what they know and what they've been told by others.
4. Go the scene. (Just because you're familiar with the location or the victim's job, don't assume that things are always the same).
5. Interview the people involved (victim, witnesses, people involved with the process, i.e., forklift driver, mechanic, so on).
 - a. Attempt to do the interview at the site.

Circumstances may not permit (noise, lack of privacy, congestion). If not possible, use:

 - i. Combination (look, then go somewhere to talk);
 - ii. Photos;
 - iii. Blueprints;
 - iv. Sketches.

- b. Put the person at ease:
 - i. Explain the purpose and your role;
 - ii. Sincerely express concern regarding the accident and desire to prevent a similar occurrence;
 - iii. Express to the individual that the information he gives is important;
 - iv. Be friendly, understanding and open-minded;
 - v. Be calm and unhurried.
- c. Interviews should be private and in a neutral location.
- d. Let the individual talk:
 - i. Ask background info; name, job, address;
 - ii. Ask the witness to tell what happened:
 - Don't ask leading questions;
 - Don't interrupt; and
 - Don't make expressions (facial, verbal) of approval or disapproval;
 - iii. Then: Ask questions to clarify particular areas or to ask "why". Do not put the person on the defensive. Try to avoid "yes" and "no" questions.
 - iv. Ask for their suggestions;
 - v. Repeat the facts and sequence of events back to the person to avoid any misunderstandings;
 - vi. Notes should be taken very carefully and as casually as possible. Let the individual read them if he desires;
 - vii. Recordings should only be made with the knowledge of the witness; (Some people may be very intimidated by a recorded interview and not speak as freely).

- viii. Conclude the interview with a statement of appreciation for their contribution. Ask them to contact you if they think of anything else;
- ix. Do not hesitate to reinterview; and
- x. Avoid reenactment if at all possible.

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

COMPANY/EMPLOYEE INFORMATION

COMPANY _____ DEPARTMENT _____ LOCATION _____
EMPLOYEE _____ AGE _____ OCCUPATION _____
DATE OF INJURY _____ HOUR _____ A.M. P.M. DATE REPORTED TO EMPLOYER _____
LENGTH OF EMPLOYMENT _____ ON THIS JOB _____ SHIFT _____

DESCRIPTION

1. Describe the accident. Include the machine, object, or substance involved and explain exactly what the injured worker was doing.
2. What did each co-worker or witness say about the accident (if necessary, attach additional sheets).
3. If pain gradually occurred, how does the employee relate this problem to work?
4. Have other employees had injuries, accidents, or near misses at or near this job site? If so, when, where and how are they related to this accident?

RESULT

5. Has the worker sought medical treatment? _____ Date _____
6. What part(s) of the body were injured? (Be specific, e.g. left knee).

CAUSE

7. Identify the causes of this accident by checking the appropriate boxes below. Remember all causes should be identified so they can be eliminated.

ORGANIZATIONAL CAUSES

- ☐ Inadequate job training procedures
- ☐ Failure to enforce safe job procedures
- ☐ Inadequate standards for hiring, placement and upgrading
- ☐ Lack of safe job procedures
- ☐ Lack of motivation or incentive to work safely
- ☐ Lack of adequate supervisory training
- ☐ Management disinterest in accident prevention
- ☐ Lack of competent safety staff services
- ☐ Management unawareness of safety fundamentals
- ☐ Failure to assess true accident costs
- ☐ Failure to conduct planned safety inspections
- ☐ Failure to implement adequate preventative maintenance measures
- ☐ Failure to incorporate safety standards in purchasing practices

- ☐ Failure to incorporate safety standards into the design of production facilities.
- ☐ Rapid expansion of supervisor and employee work forces
- ☐ Active antagonism between management and labor
- ☐ Drastic up and down changes in production rates

PERSONAL CONDITIONS

- ☐ Pre-existing medical conditions or impairment of worker or co-worker
- ☐ Worker's hobbies
- ☐ Worker's off job activities
- ☐ Worker's personal problems

UNSAFE CONDITIONS

- | | |
|--|---|
| <input type="checkbox"/> Inadequately guarded | <input type="checkbox"/> Operating without authority |
| <input type="checkbox"/> Defective tools, equipment or substance | <input type="checkbox"/> Operating at unsafe speed |
| <input type="checkbox"/> Hazardous arrangement | <input type="checkbox"/> Making safety devices inoperative |
| <input type="checkbox"/> Improper illumination | <input type="checkbox"/> Using unsafe equipment |
| <input type="checkbox"/> Improper ventilation | <input type="checkbox"/> Using equipment unsafely |
| <input type="checkbox"/> Unsafe clothing | <input type="checkbox"/> Unsafe loading, placing or mixing |
| <input type="checkbox"/> Unsafe design or construction | <input type="checkbox"/> Distraction, teasing, horseplay |
| <input type="checkbox"/> Faulty equipment | <input type="checkbox"/> Failure to use personal protection devices |
| | <input type="checkbox"/> Acts of another person not employed by your firm |
| | <input type="checkbox"/> Short-cut to save time or effort |

OTHER CAUSES

☐ Explain:

8. If an unsafe act(s) was a cause of this accident, why was the unsafe act committed?

9. If an unsafe condition(s) was a cause of this accident, why did the condition exist?

10. If an organizational cause(s) was a cause of this accident, why did the cause exist?

PREVENTION

11. Complete the following table:

Corrective Action Proposed	Responsible Person	Target Date	Action Taken	Date Completed

CLAIMS COST CONTROL

12. Have all parts of faulty equipment, machinery, or other evidence associated with this accident been preserved

13. If your employee is filing a workers' compensation claim, and you doubt the validity, specify reasons below.
(Attach additional pages if necessary.)

Supervisor _____ Date _____ Reviewing Mgr. _____ Date _____

SUPERVISOR'S REPORT OF INDUSTRIAL INJURY
ORIGINAL TO YOUR MAIN OFFICE FILE

EMPLOYER _____

MAILING ADDRESS _____

POLICY NO. _____ EXPIRATION DATE _____
MO DA YR

NAME OF INJURED _____

HOME ADDRESS _____

JOB TITLE _____ DEPT. _____

BIRTH DATE _____ SOC. SEC. NO. _____
MO DA YR

INJURY DATE _____ TIME _____ AM
PM

NATURE OF INJURY _____
(SCRATCH, CUT, BRUISE, ETC.)

PART OF BODY INJURED _____
(LEFT RING FINGER, RIGHT ANKLE, ETC.)

NAME OF DR. OR HOSPITAL _____

WHERE DID ACCIDENT HAPPEN? _____

HOW DID ACCIDENT HAPPEN? (STATE SPECIFIC JOB BEING DONE AND WHAT
WENT WRONG INCLUDE MACHINE/TOOL OR OBJECT CONNECTED WITH
ACCIDENT)

IF ACCIDENT WAS CAUSED BY NON-COMPANY PERSON OR BY FAULTY EQUIP-
MENT, GIVE NAME AND ADDRESS

NAME OF WITNESSES _____

WHAT HAVE YOU DONE OR WILL YOU DO TO PREVENT A SIMILAR TYPE OF
ACCIDENT? _____

EMPLOYEE'S SIGNATURE _____ DATE REPORTED _____

SUPERVISOR'S SIGNATURE _____ DATE _____

REVIEWING MANAGER'S SIGNATURE _____ DATE _____

64-100 JRG Supervisor — Send this copy to YOUR main office

This type of accident investigation form normally comes in triplicate bound in pocket size books. The original is sent to the main office, duplicate to the doctor with the injured person if possible, and the triplicate remains in the book for the supervisor.

SECTION VIII

EMERGENCY PREPAREDNESS

Rationale: The ability to deal with an emergency situation in the workplace depends on the degree of planning and preparing that has been done prior to the actual emergency. When properly prepared, the impact of an emergency on personnel and property can be greatly reduced.

Core Requirements:

1. Emergency procedures must be established and emergency phone numbers posted. For remote job sites, either radio or telephone communications must be available. Supplemental materials are available on how to handle emergency situations in the workplace.
2. Provide first aid materials necessary to allow those persons trained in first aid, as required in Section IV, to render prompt treatment.

Optional Considerations:

1. When the job site is located in a remote area, the location should be known to the emergency medical service for that area.

SECTION IX

RECORDKEEPING

Rationale: Just as production, sales, etc. must be accounted for, so must your loss control activities. Recordkeeping is often viewed as a "necessary evil", however, when properly planned and organized the burden can be minimized. The types of activities which must be documented and filed have been discussed in the preceding Sections and are summarized below.

Core Requirements:

1. Establish and maintain an organized loss control filing system where the required records are kept as follows:
 - a. A copy of your written loss control plan.
 - b. Accident records (copies or originals);
 - i. Accident investigation reports as required in Section VII.
 - ii. Workers' compensation claim forms.
 - iii. An accident summary log such as the OSHA 200 shown on page IX-3 or an equivalent.
 - iv. An accurate record of either total employee hours worked or the number of employees in any given quarter. The accident summary log and employee hours are used to calculate incident rates. See page IX-4.

- c. Hazard identification and elimination records (copies or originals).
 - i. Formal self-inspection reports and written documentation of corrective action as required in Section VI.
 - ii. Job safety observation reports as also required in Section VI.
 - d. Training records.
 - i. Documentation of safety meetings and other training must be maintained. This should include a brief description of the topics, who attended, and any correction actions taken.
2. Establish and maintain an organized set of personnel files where the following records are kept:
- a. Job application forms and previous employment history check forms as required in Section II.
 - b. The signed employee acknowledgement form indicating familiarity with the loss control plan rules and procedures as required in Section IV.

Optional Considerations:

- 1. Maintain any additional records that are related to the loss control plan but that are not core requirements.

This is a reduced copy of the OSHA 200 Form. The actual size is 17 x 10 1/2.

Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 _____ Page _____ of _____

NOTE: The form is required by Public Law 91-596 and must be kept in this establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)		RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)		Company Name Establishment Name Establishment Address		Form Approved OMB No 1220-0029																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Case or File Number Enter a nonduplicating number which will facilitate comparisons with company records	Date of Injury or Onset of Illness Enter Mo./day	Employee's Name Enter first name or initial, middle initial, last name	Occupation Enter regular job title, not activity employee was performing when injured or at time of onset of illness. Enter a brief description of the employee's duties.	Department Enter department in which employee is regularly employed or a description of normal workplace to which employee is assigned when injured or at time of onset of illness.	Description of Injury or Illness Enter a brief description of the injury or illness and indicate the part or parts of body affected. (See definitions on the other side of form.)	Extent of and Outcomes of INJURY										Type, Extent of, and Outcomes of ILLNESS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Incidence Rates for Safety Management

Incidence rates can be used to show the relative level of injuries and illnesses among different industries, firms, or operations within a single firm. Because a common base and a specific period of time are involved, these rates can help determine both problem areas and progress in preventing work-related injuries and illnesses.

How to compute incidence rates

An incidence rate of occupational injuries and illnesses can be calculated quickly and easily. The formula requires:

(a) *The number of injuries and illnesses.* Count the number of recordable cases from the Log and Summary of Occupational Injuries and Illnesses, OSHA No. 200 (Appendix C), or refer to the TOTALS line for the yearly total for fatalities, injuries and illnesses with lost workdays, and injuries and illnesses without lost workdays.

(b) *The number of hours all employees actually worked.* Use payroll or other time records. "Hours worked" should not include any nonwork time, even though paid, such as vacation, sick leave, holidays, etc. (If actual hours worked are not available for employees paid on commission, by salary, or by the mile, etc., hours worked may be estimated on the basis of scheduled hours or 8 hours per workday.)

An incidence rate of injuries and illnesses may be computed from the following formula:

$$\begin{aligned} & \text{(a) Number of injuries and illnesses} \times 200,000 = \text{Incidence rate} \\ & \text{(b) Employee hours worked} \end{aligned}$$

(The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year, and provides the standard base for the incidence rates.)

NOTE: You can use the same formula to compute incidence rates for:

- (1) The number of lost workday injuries and illnesses;
- (2) The number of nonfatal injuries and illnesses without lost workdays;
- (3) Cases involving only injuries or only illnesses.

Here is an example of how to compute an incidence rate:

Jones Furniture Co. recorded 11 injuries and illnesses (from log and summary, OSHA No. 200). The total hours worked by all employees were 130,000 (from payroll or other time records).

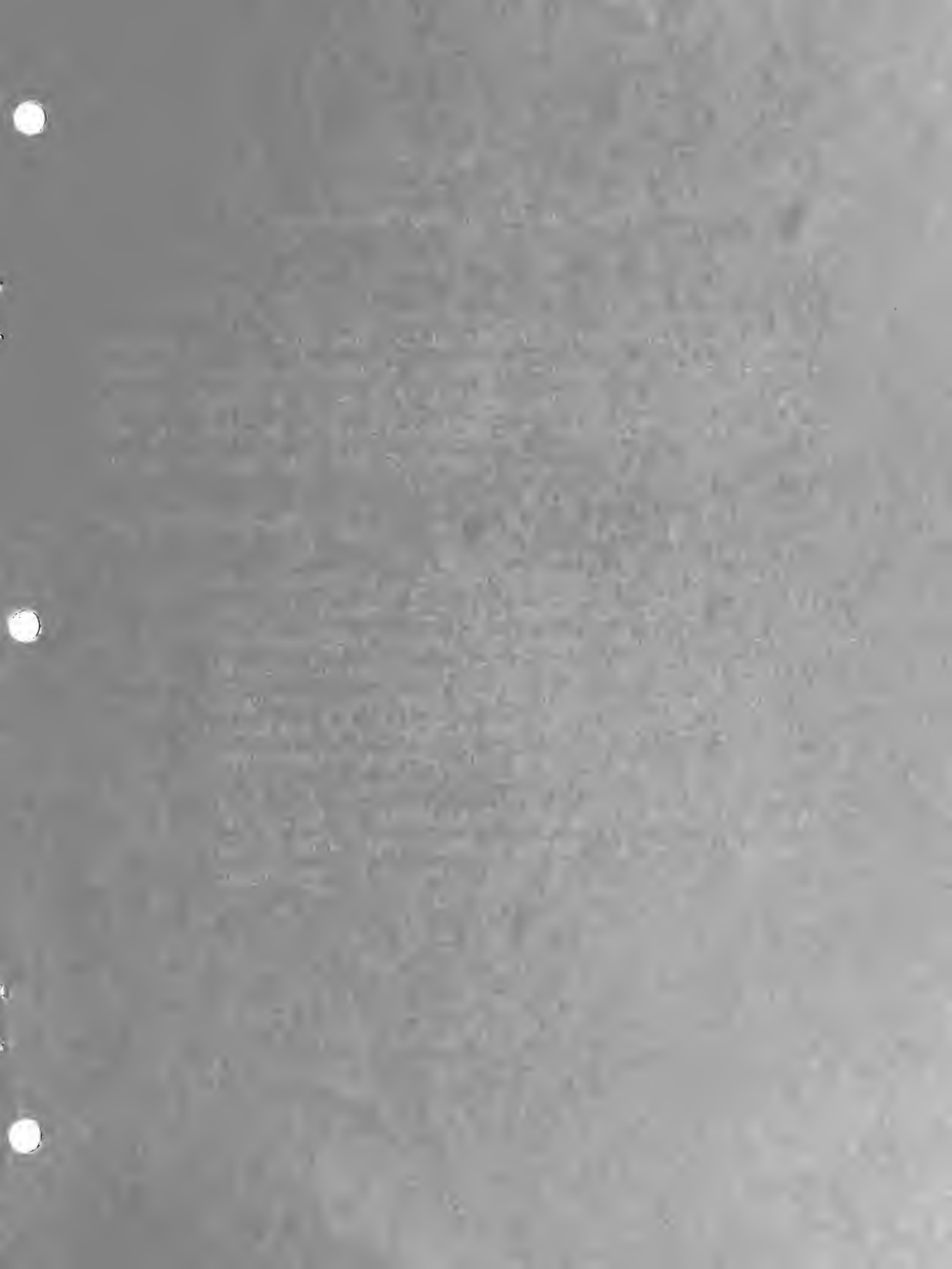
$$\begin{aligned} & 11 \times 200,000 \\ & 130,000 \end{aligned} = 16.9$$

Therefore, Jones Furniture Co. experienced a rate of 16.9 injuries and illnesses per 100 full-time employees.

To compute an incidence rate for your own firm, enter the data in the appropriate spaces below and complete the formula.

Number of injuries and illnesses in your firm		Incidence rate for your firm
	$\times 200,000$	
<hr/>		$=$
		(Round to the nearest tenth)
Hours worked by all your employees		

The incidence rate for your firm is the number of injuries and illnesses per 100 full-time employees.



SECTION X

OTHER LOSS CONTROL ACTIVITIES

Rationale: In addition to the essential elements of a loss control program already discussed, a number of other activities can be performed which will further enhance and broaden your program. Two of these activities are required, as shown below, while the remainder are optional.

Core Requirements:

1. When an employee is injured and must be off work, regular contact with the worker should be maintained. Such contacts convey concern and can be used to assist workers in dealing with the compensation system. Assure the employee that you are not "prying or checking up", but that you are genuinely concerned about their progress and well being.
2. Periodically the loss control plan must be reviewed to insure that it's scope, content and effectiveness is adequate.

Optional Considerations:

1. Safety incentives, where employees are rewarded for attaining and maintaining safety goals, can produce increased safety awareness on the job.
2. Develop a "back to work" policy where injured workers are encouraged to return to the job and can perform alternate duties until fully recovered. Of course, this must be cleared by the physician treating the worker, but, again this conveys your concern and keeps the employee in touch with the workplace.
3. Promote off-the-job safety, such as seat belt use, through posters or handouts. Even though an off-the-job injury is not compensable, it may prevent that individual from working thus creating a hardship on the employer.

DIVISION OF WORKERS' COMPENSATION
Margaret "Peg" Condon Building
5 South Last Chance Gulch
Helena, Montana 59601

FOR RESPONSE TO QUESTIONS ABOUT:

CALL

- | | |
|--|----------------|
| 1. State Fund claims or available benefits. | 444-6500 |
| 2. State Fund insurance coverage; i.e., enrollments, cancellations, endorsements, experience modification, volume discount, etc. | 444-6440 |
| 3. State Fund payroll audits. | 444-3247 |
| 4. State Fund premium billings. | 444-6490 |
| 5. Benefit claims of private insurance companies or self-insured employers. | 444-6530 |
| 6. Approval to operate as a self-insured employer or a private insurance company. | 444-6530 |
| 7. Silicosis & Occupational disease benefits. | 444-6530 |
| 8. Vocational Rehabilitation | 444-6530 |
| 9. Policy Services for employers with private insurance coverage. | 444-6530 |
| 10. Uninsured Employer's penalties. | 444-6530 |
| 11. Independent Contractor Applications. | 444-6530 |
| 12. Subsequent Injury Fund | 444-6530 |
| 13. Industrial safety, on-site consultations, boiler & mine safety, etc. | 444-6401 |
| 14. Message Center | 1-800-332-6102 |



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